

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elaine Z. Allen

CERTIFICATE OF DEATH

Died at

Town

County

Baltimore

MARYLAND

Date
of death

1908

Month

May

Day

19

Years

22

Months

8

Days

9

Age

Sex

Color or
Race

22

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of death

House Girl

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jahy Z. Allen

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Mary V. Lard

Mother's
Birthplace

Baltimore

Name of person giving
Information

Mary V. Allen

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

93

How long

12 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. G. Jack M.
Liberty Grove, N.Y.

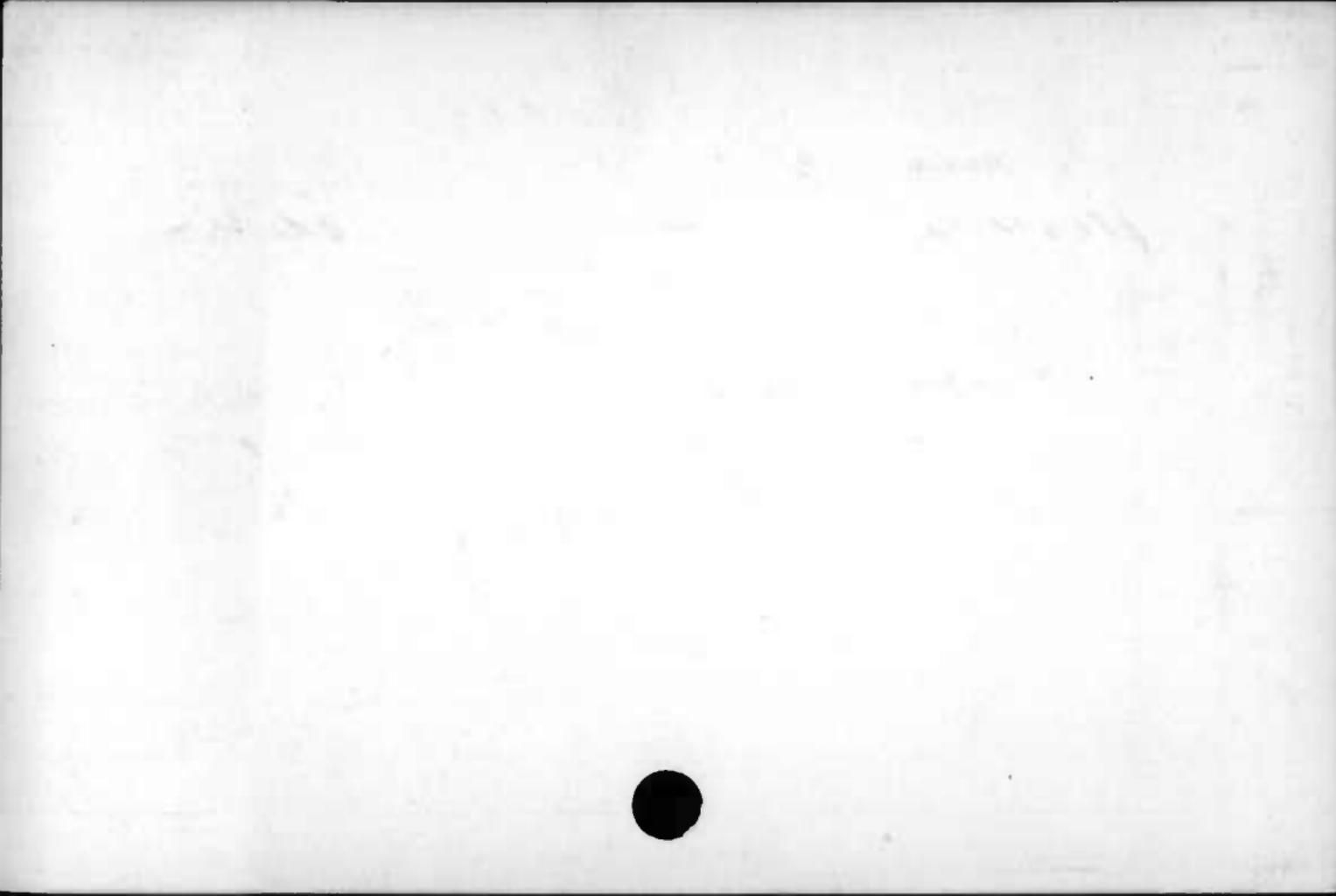
Accident or Suicide?

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Unnamed Bailey</i>						CERTIFICATE OF DEATH	
Died at <i>Elkton</i>		Town <i>Elkton</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>25</i>	Age <i>25</i>	Years <i>25</i>	Months <i>0</i>	Days <i>0</i>	
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>Elkton</i>				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<i>Ross Bailey</i>						
Mother's Maiden Name	<i>Emma Reed</i>						
Name of person giving information	<i>Ross Bailey</i>						
CAUSES OF DEATH							
Primary	<i>Exhaustion</i>						
Immediate	<i>Exhaustion</i>						
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>						
	Signature of Physician <i>Dr. Crowley</i>						
	Address <i>Elkton</i>						
Accident or Suicide?	<i>No</i>						



Name
in
Full

Emma Bailey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Cecil County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	May	24	Age 39		
Sex	Female	Color or Race	Black	Birth-place	Maryland
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Ross Bailey		
Father's Name	Benf Reed	Father's Birthplace	Maryland		
Mother's Maiden Name	Unknown	Mother's Birthplace	Md		
Name of person giving information	Ross Bailey	How related to deceased	Husband		

CAUSES OF DEATH

120

How long

How long

PHYSICIAN
OR CORONER

Primary

Bright's Disease

Immediate

Heart Failure

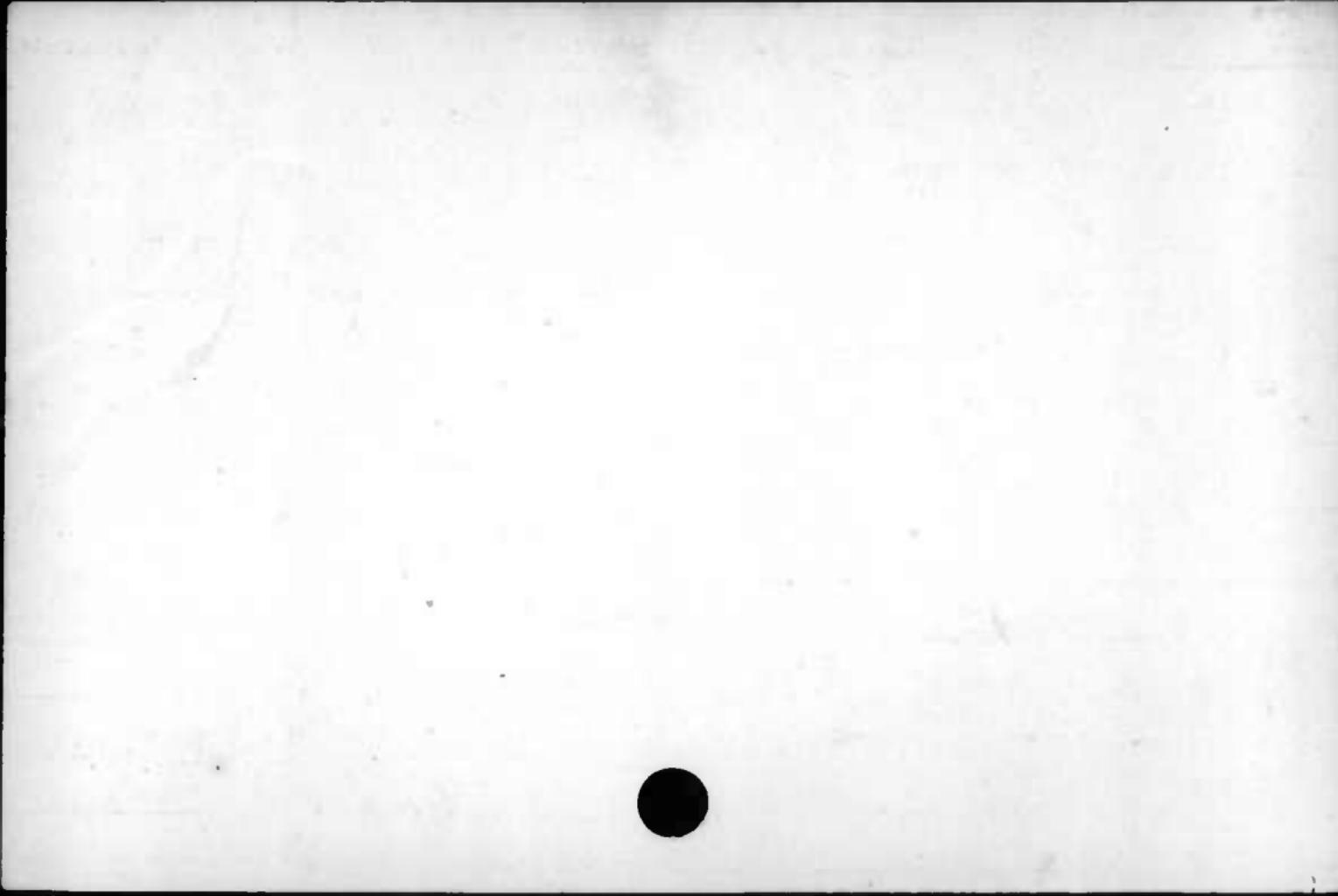
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Open Heart Surgery
Elkton
Md



Name
in
Full

Ellen J. Broughton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1908	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Female	White	59	Md.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Henry B. Broughton				
Mother's Maiden Name	Isobel S. Evans				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic nephritis

120

How long

Several years

Immediate

H. Austin Mitchell M.D.
Elkton Md.

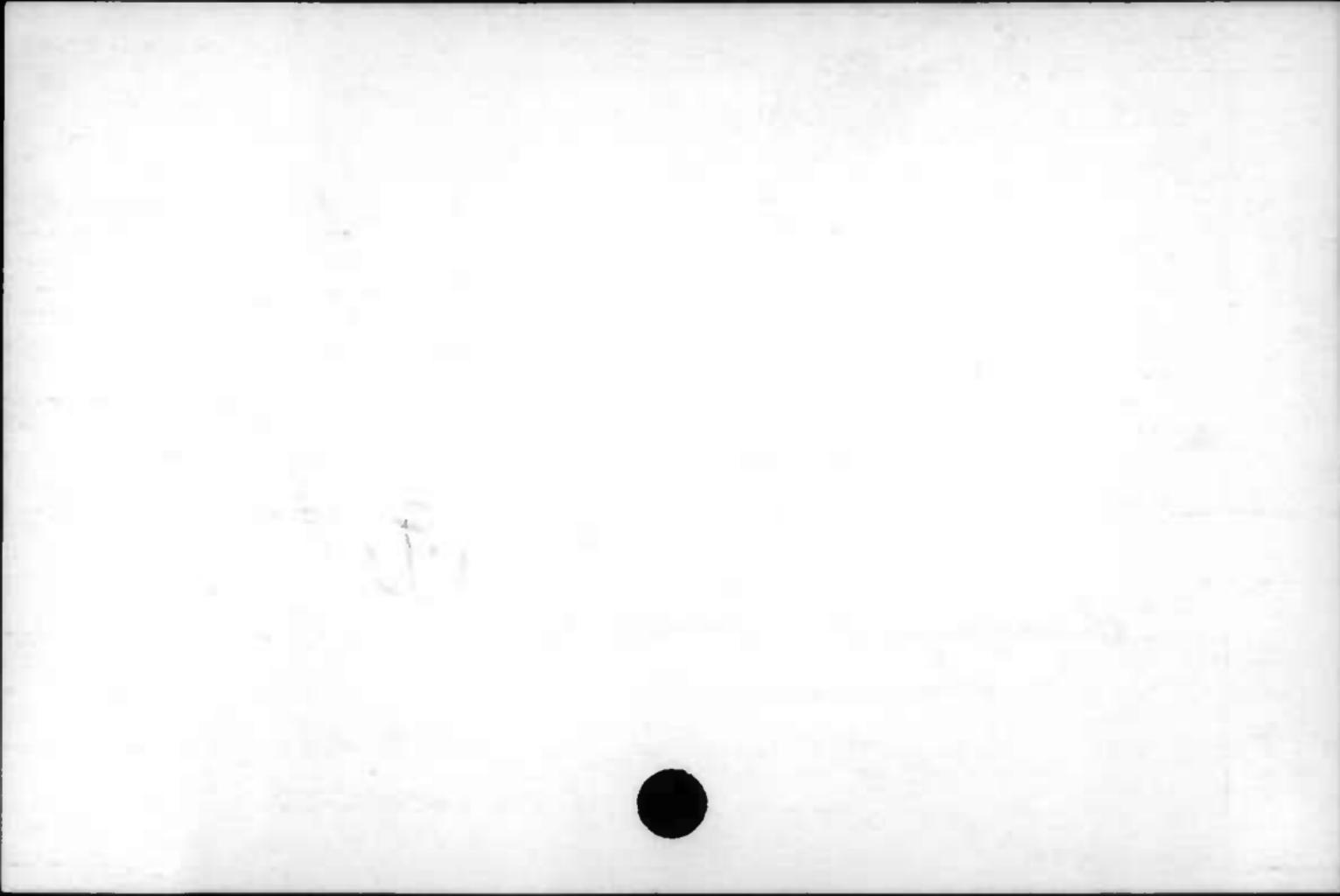
Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Pierce Buckhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month	Day	Years	Months	Days
Sex	Color or Race	Age	3 4		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Chesapeake City

Pierce Buckhardt

Mary Teller

Mary Buckhardt

Georgetown

Chesapeake City

Grandmother

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary

Laryngeal Cancer

How long

six days

Immediate

Convulsions

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

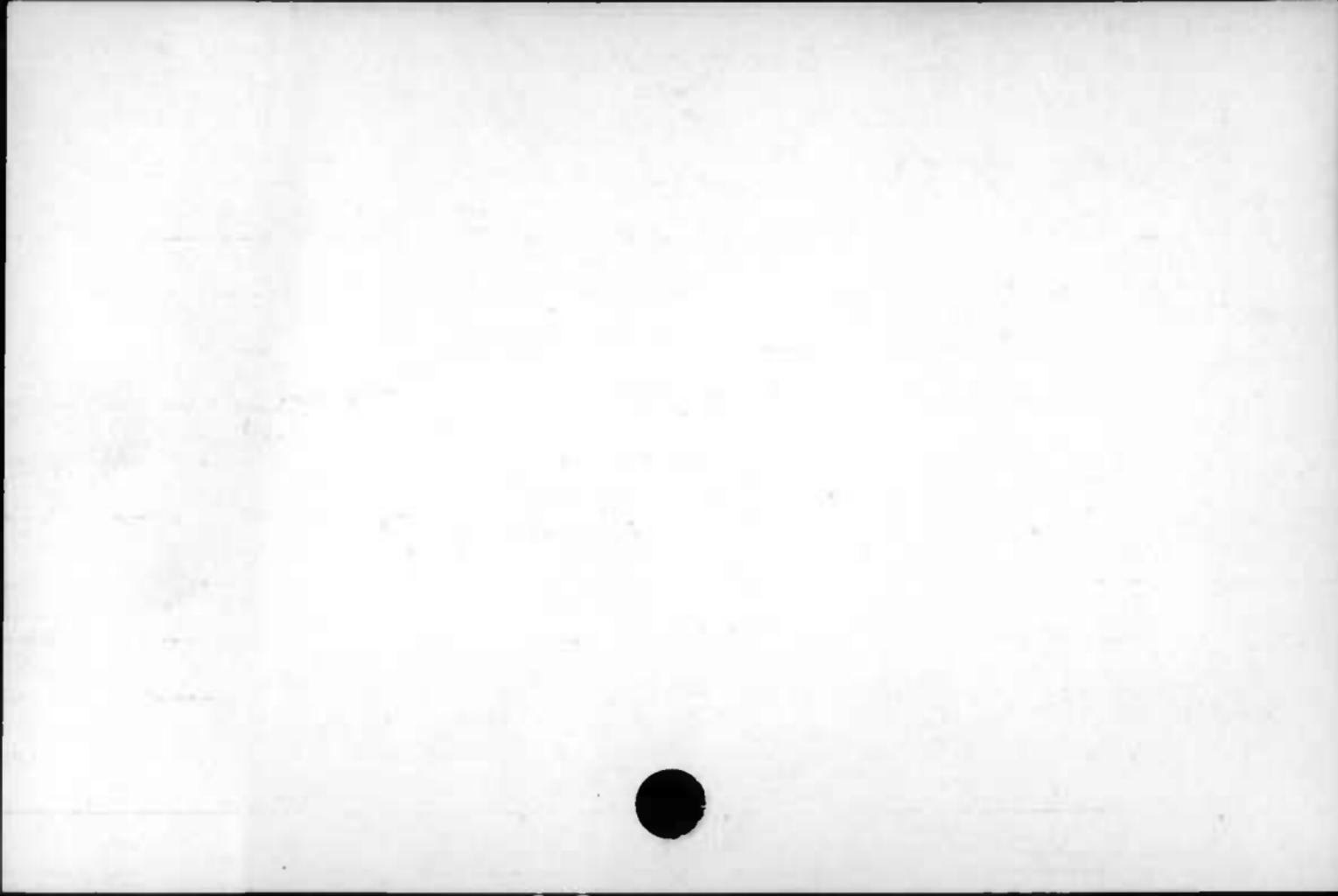
Address

T. Jackson Conroy

Chesapeake City

MD

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Henry J Davis

CERTIFICATE OF DEATH

Died at	Town: Bowlandsville			County: Cecil	MARYLAND	
Date of death	1908	Month: May	Day: 11	Years: 34	Months: 10	Days: 3 days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Labor			Where Residing if not at place of death	Bowlandsville	
Married, Single or Widowed	Burried	Name of Wife or Husband	Henry J Davis			
Father's Name	Jonathan Davis			Father's Birthplace	Maryland	
Mother's Maiden Name	Mickerson			Mother's Birthplace	South New	
Name of person giving Information	Tom E Davis			How related to deceased	Son	
CAUSES OF DEATH						
Primary	79					
Immediate	Chronic Myocarditis					
Exhaustion						

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Ernest Howland

Address

Liberty Grove
Md

Accident or Suicide

Miss H M Hink逝世
安葬於西13rd 1908
在 Harmony 會堂
附近 Beulahsville
Burkini's



Name
in
Full

Robert Donelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Point Bridge</u>			County <u>Cecil</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>11th</u>	Age <u>74</u>	Years	Months <u>4</u>	Days <u>9</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Cecil Co</u>				
Occupation <u>Judge Gender</u>			Where Residing if not at place of death <u>Point Bridge</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mary Rosetta Rice</u>					
Father's Name <u>William Donelson</u>	Father's Birthplace <u>Cecil Co</u>					
Mother's Maiden Name <u>Rebecca Sivis</u>	Mother's Birthplace <u>Cecil Co</u>					
Name of person giving information <u>Mrs Florence Barr</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

120

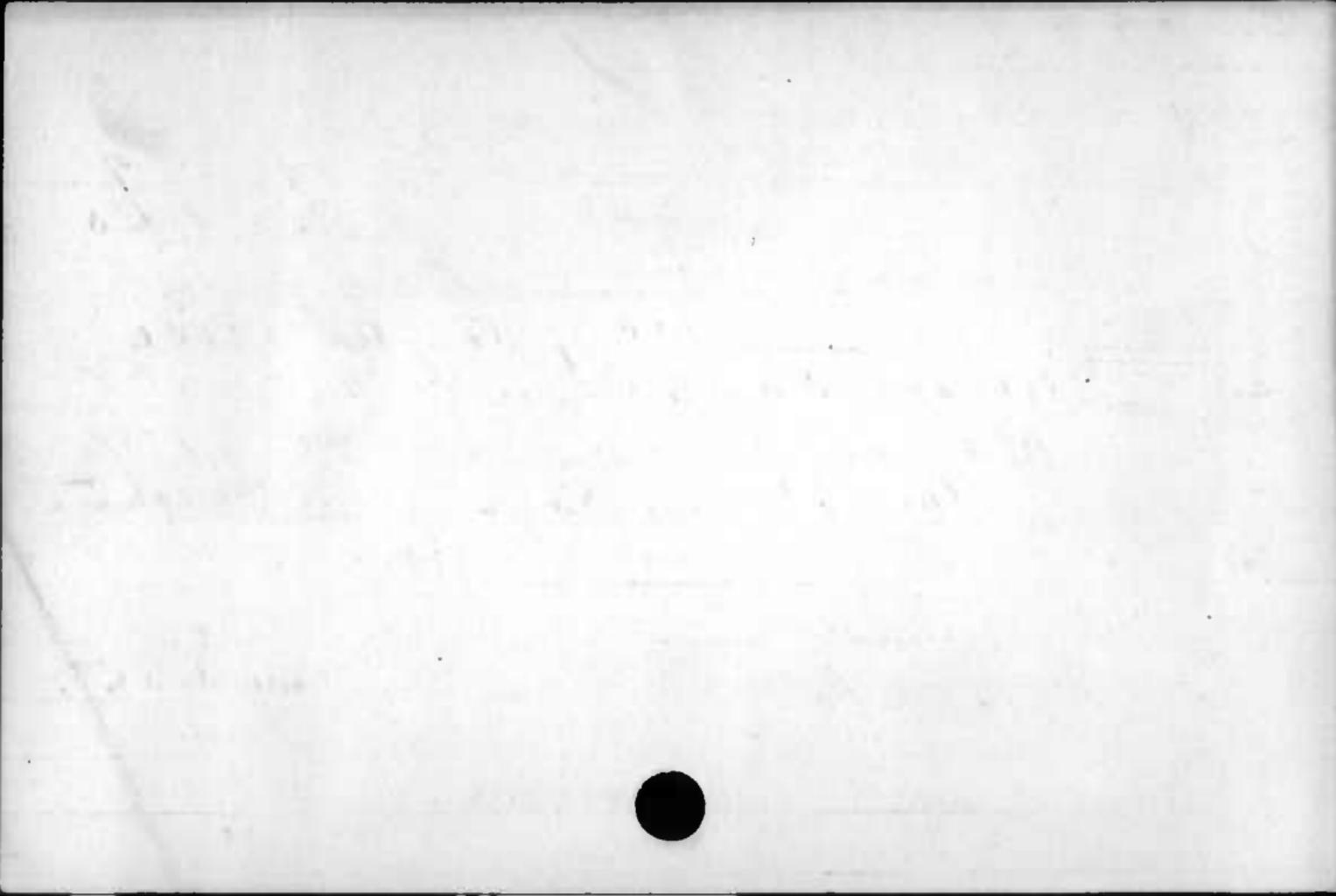
How long

How long

don't know

immediate

Primary <u>Bright's Disease Arterial Sclerosis</u>	Signature of Physician <u>T. Jackson. Corney</u>
Immediate <u>Cardiac decompensation</u>	Address <u>Chesapeake City</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	
Accident or Suicide? <u>and</u>	



Name
in
Full

Leslie Englund

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Aiken			Cecil			
Date of death	1908	Month 5	Day 22	Years 17	Months	Days
Sex	Male	Color or Race	white	Birth-place	U.S.	
Occupation	Walter carrier	Where Residing if not at place of death			Aiken, Md.	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Wm B England				Father's Birthplace	Cecil Co
Mother's Maiden Name	Addie R Dennison				Mother's Birthplace	" "
Name of person giving information	Wm B England				How related to deceased	Mother

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Accident (B&O-Fell 75 ft)

How long

Immediate Cerebral Haemorrhage Instantaneous

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

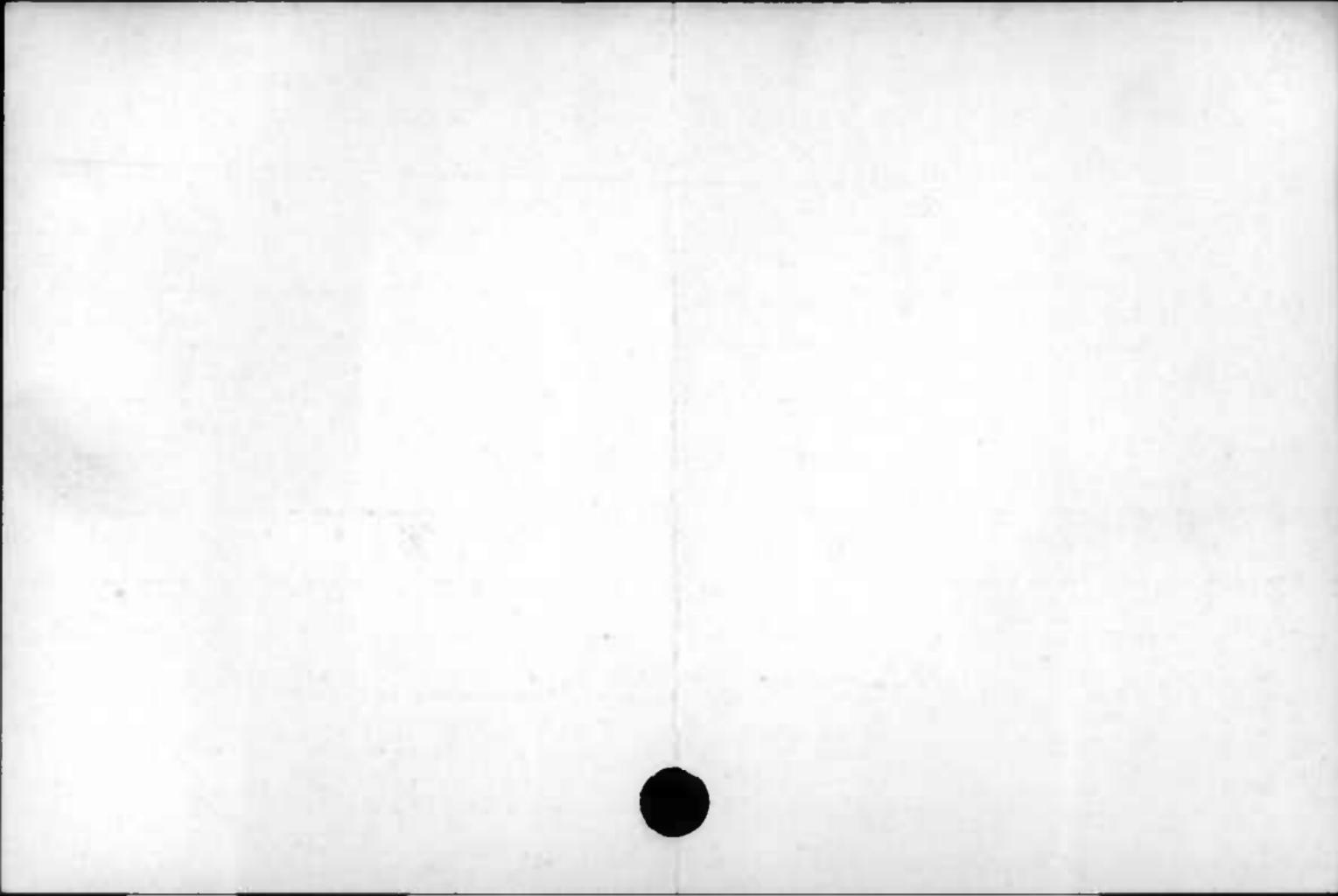
L. G. Day lot

Address

Perryville, Md.

Accident or Suicide?

Accident. Frank Frazer Conner



Name
in
Full

Thomas Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rising Sun</u>		County <u>Cecil</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>5</u>	Day <u>5</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Al Fisher</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Susan Taylor</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Father</u>	How related to deceased				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Sanction

How long

all day

Immediate

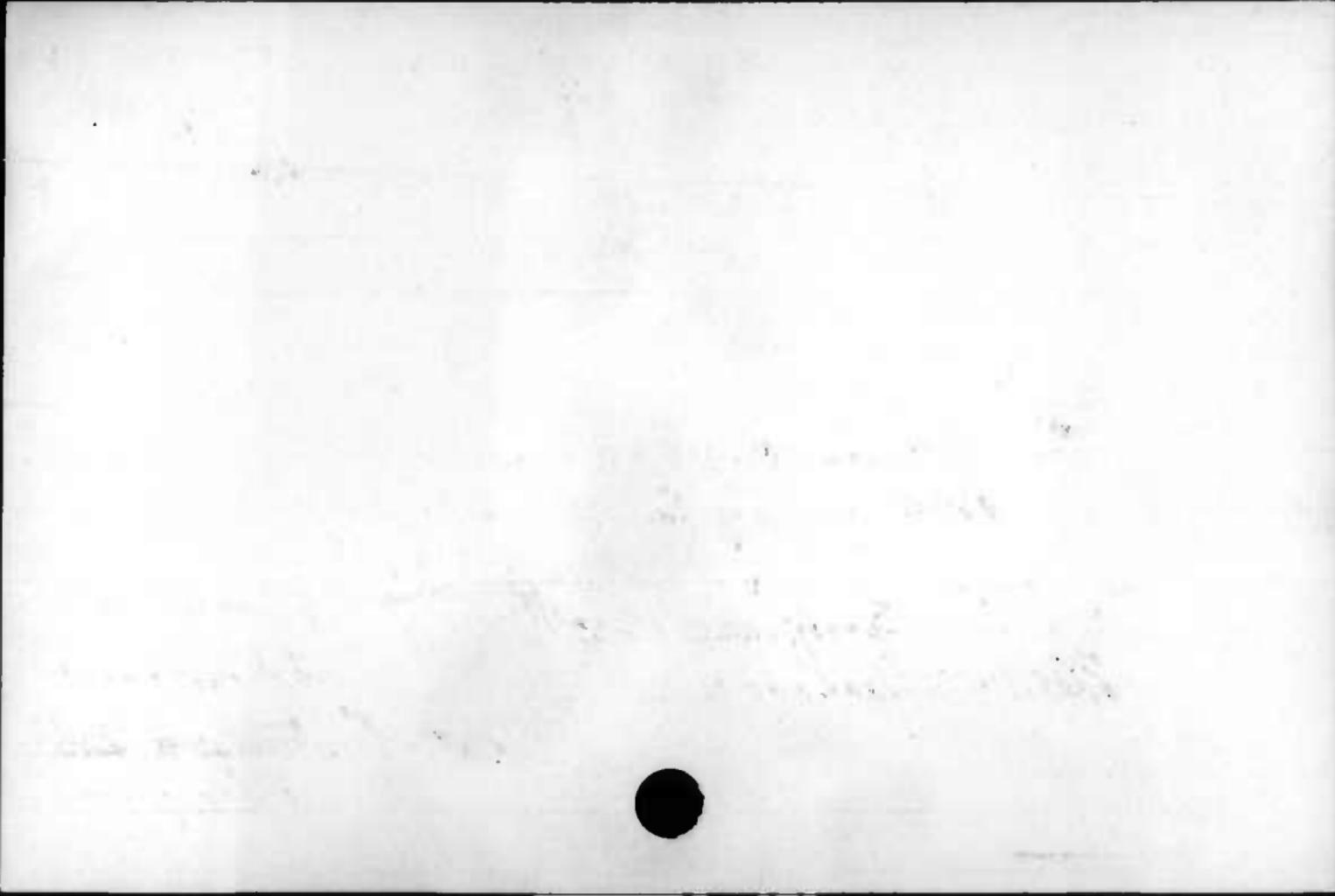
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John H. Jones
Rising Sun

Accident or Suicide?



Name
in
Full

Helen M. Gregg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Audora</u>		Town	County <u>Cecil</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>24</u>	Age <u>8</u>	Years	Months <u>6</u>	Days <u>24</u>	
Sex <u>Female</u>	Occupation <u>—</u>	Color or Race <u>White</u>	Birth-place <u>Cecil Co Md</u>				
Married, Single or Widowed <u>—</u>		Where Residing if not at place of death <u>—</u>					
Father's Name <u>Frank Gregg</u>		Name of Wife or Husband <u>—</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Annie M. Scarborough</u>		—			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Frank Gregg</u>		—			How related to deceased <u>Father</u>		

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

Primary <u>Potts Disease</u>	How long <u>Year</u>
Immediate <u>Tubercular Meningitis</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>O. C. Morrissey M.D.</u>
Address <u>Cherry Hill,</u>	<u>Md.</u>
Accident or Suicide? <u>—</u>	

Log

Name
in
Full

Ralph H. Hamilton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>North East</u>		Town <u>Carroll</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>20</u>	Years <u>18</u>	Age <u>5</u>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Leslie Md</u>				
Occupation <u>Carpenter</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>John H. Hamilton</u>	Father's Birthplace <u>Leslie Md.</u>					
Mother's Maiden Name <u>Mary E. Biddle</u>	Mother's Birthplace <u>North East</u>					
Name of person giving information <u>Mary E. Hamilton</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

27

How long

November 1907

How long

-

Primary

Pulmonary Tuberculosis

Immediate

Cerebral Atherosclerosis

Are the name, age, sex, color, date and place correctly given above?

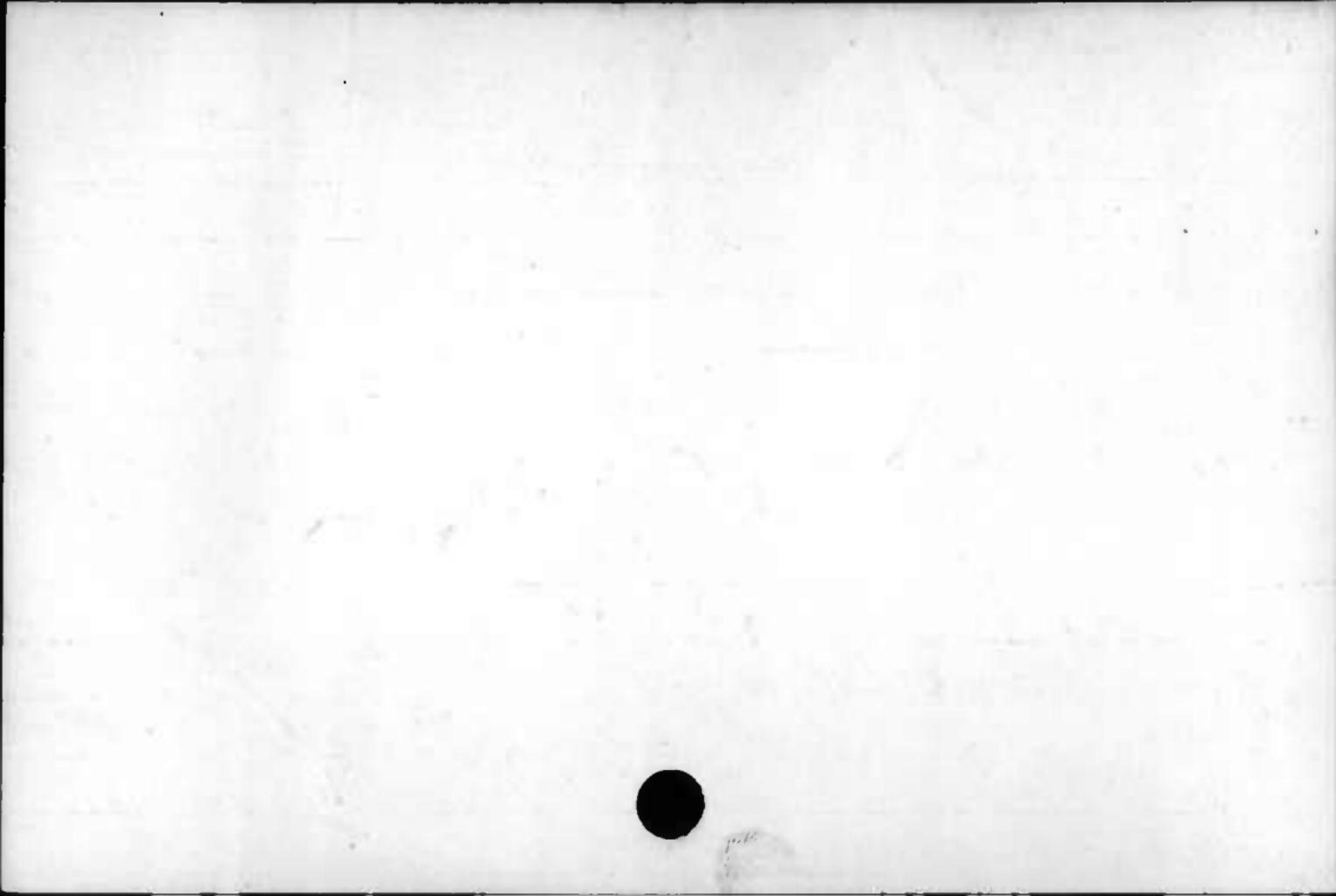
Signature of Physician

H. A. Cartwright M.D.

Address

North East

Accident or Suicide?



Name
in
Full

Turner Hammon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>North East</u>		Town <u>Cecil</u> County		MARYLAND		
Date of death <u>1904</u>	Month <u>May</u>	Day <u>15</u>	Age <u>---</u>	Years <u>---</u>	Months <u>---</u>	Days <u>---</u>
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>North East Md</u>				
Occupation <u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband					
Father's Name <u>Joseph M Hammond</u>	Father's Birthplace <u>Oxford Pa</u>					
Mother's Maiden Name <u>Rosse Holland</u>	Mother's Birthplace <u>Cherry Hill N.J.</u>					
Name of person giving information <u>Joseph M Hammond</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

151

How long

PHYSICIAN
OR CORONER

Primary

Died at birth

Immediate

Don't know

How long

6

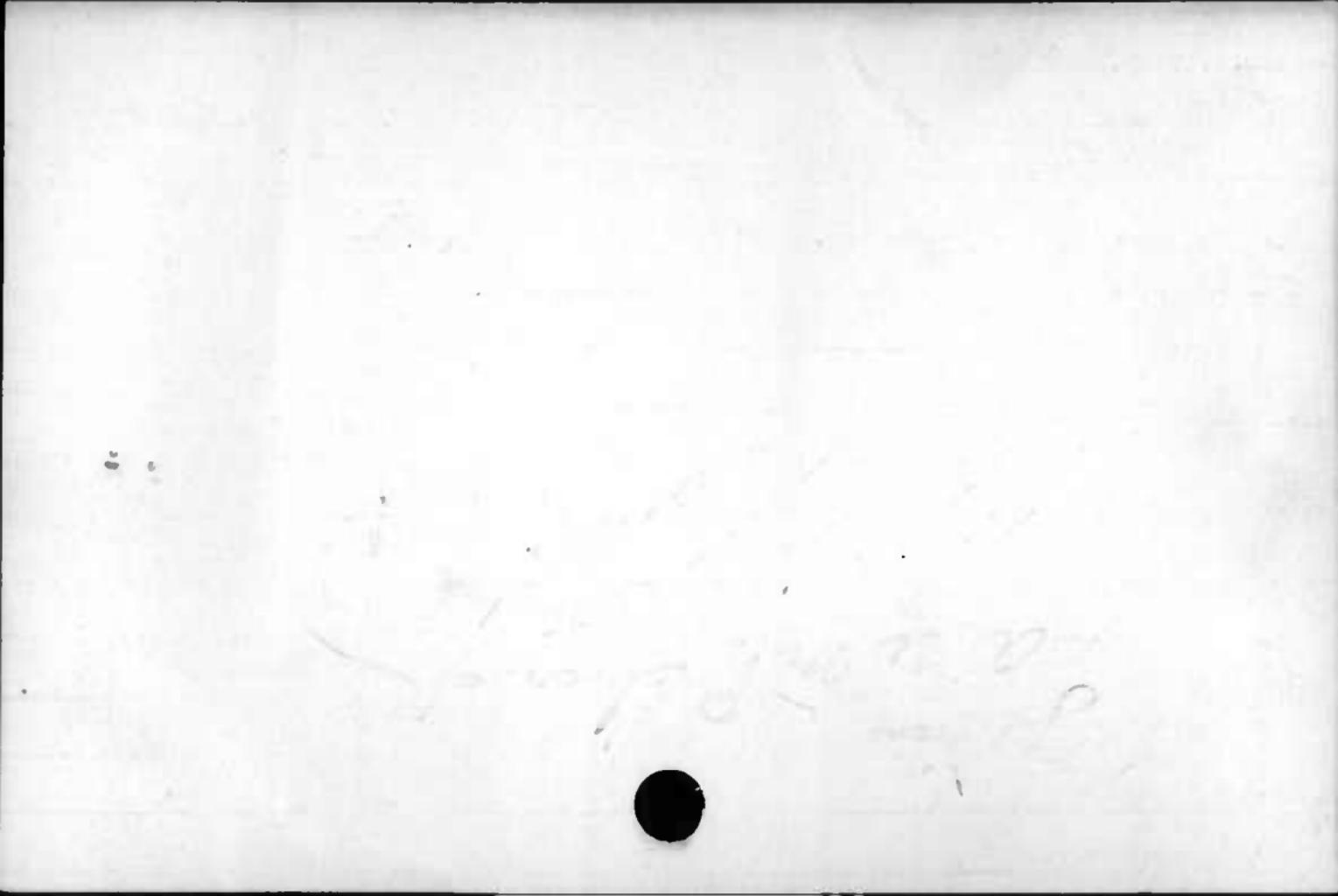
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L F Hammock
North East
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
or DOCTOR

Caesar A. Game

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	male	Color or Race	Colored	Birth-place	Port Deposit	
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Game			
Father's Name	Thomas	Game	Father's Birthplace	Unknown		
Mother's Maiden Name	Caroline Miller	Mother's Birthplace	Maryland			
Name of person giving information	Annie Game	How related to deceased	wife			

CAUSES OF DEATH

120

Primary Chronic Bronchitis & Asthma

How long

2 yrs

Immediate Heart Failure

How long

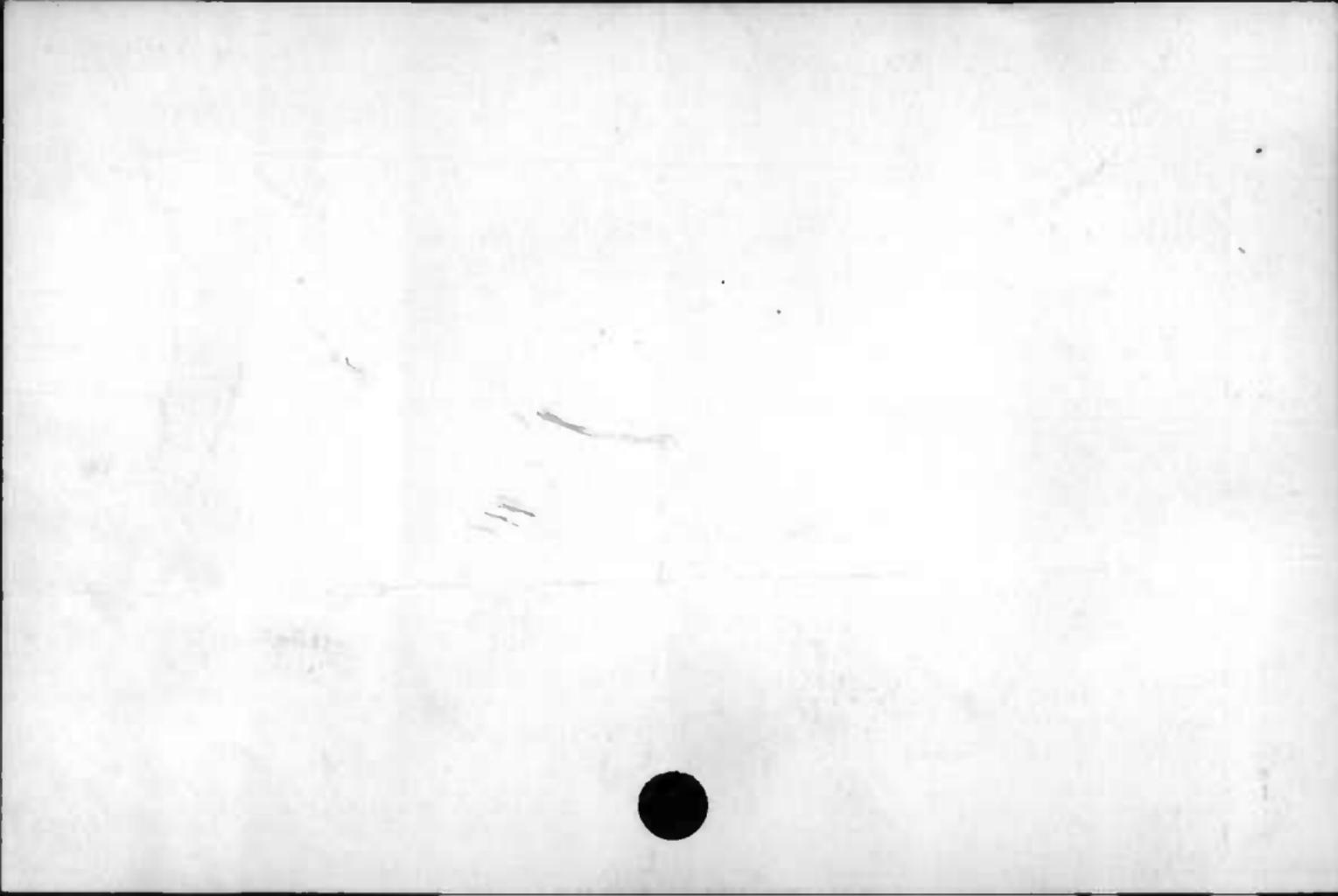
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. G. Jack M.D.
Liberty Grove M.D.

Accident or Suicide?



Name
in
Full

Rachel Ann Lovelace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month May	Year 20	Age 65	Months 4	Days 10
Sex Female	Color or Race White	Birth-place New Jersey			
Occupation Wife	Where Residing if not at place of death Lovelace				
Married, Single or Widowed Married	Name of Wife or Husband Lovelace	Father's Name Johnathan Flane	Father's Birthplace		
Mother's Maiden Name Susie, Jones	Daughter	Mother's Birthplace	Mother's Birthplace		
Name of person giving information Rachel Lovelace	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

69

How long

Smallpox

Immediate

Cervical dilatation

How long

Smallpox

Are the name, age, sex, color, date and place correctly given above?

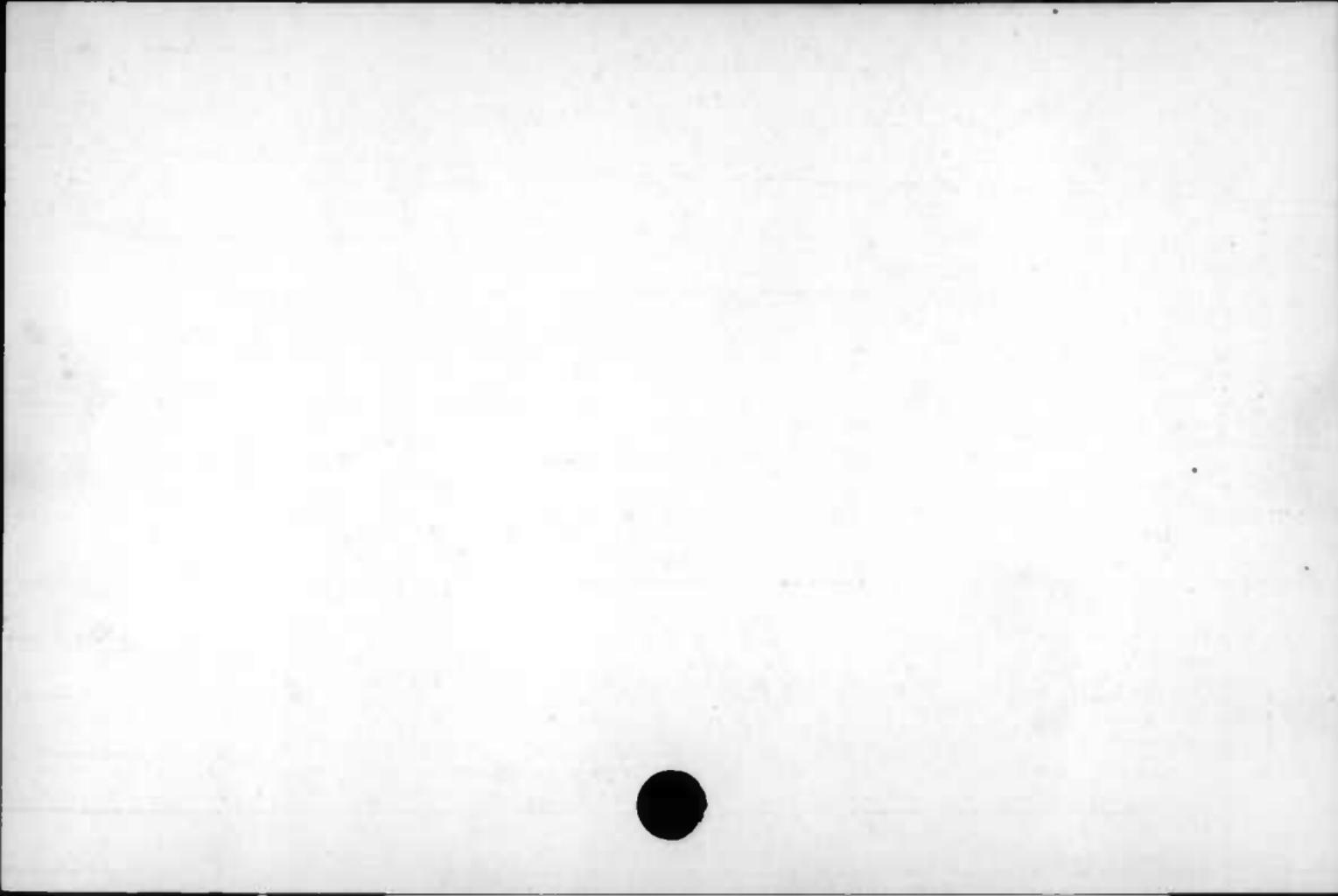
yes

Signature of Physician

Address

Jackson County
Chesapeake City

Accident or Suicide?



Name
in
Full

Geo. A. Owens

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Port Deposit</u>	County <u>Cecil</u>		MARYLAND	
Date of death	Month 1908	Day 5	Age 1	Years 1	Months 5	Days -
Sex male	Color or Race <u>Colored</u>	Birth- place <u>Port Deposit</u>				
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband —					
Father's Name <u>Geo. Owens</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Dairig Tilden</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Geo Owens</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

27

How long

6 months

How long

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Ernest S. Rowland

Liberty Grove Md

Accident or Suicide?

John. M. Scott

John. M. Scott

John. M. Scott

Name
in
Full

James A Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Cecilton</u>		County <u>Cecil</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>5</u>	Day <u>3</u>	Years <u>1</u>	Months <u>7</u>	Days <u>0</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ind -</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>John Y. Reed</u>			Father's Birthplace <u>Ind -</u>			
Mother's Maiden Name <u>Ida Hogans</u>			Mother's Birthplace <u>Ind -</u>			
Name of person giving Information <u>John Y Reed</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

93

How long

14 days

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

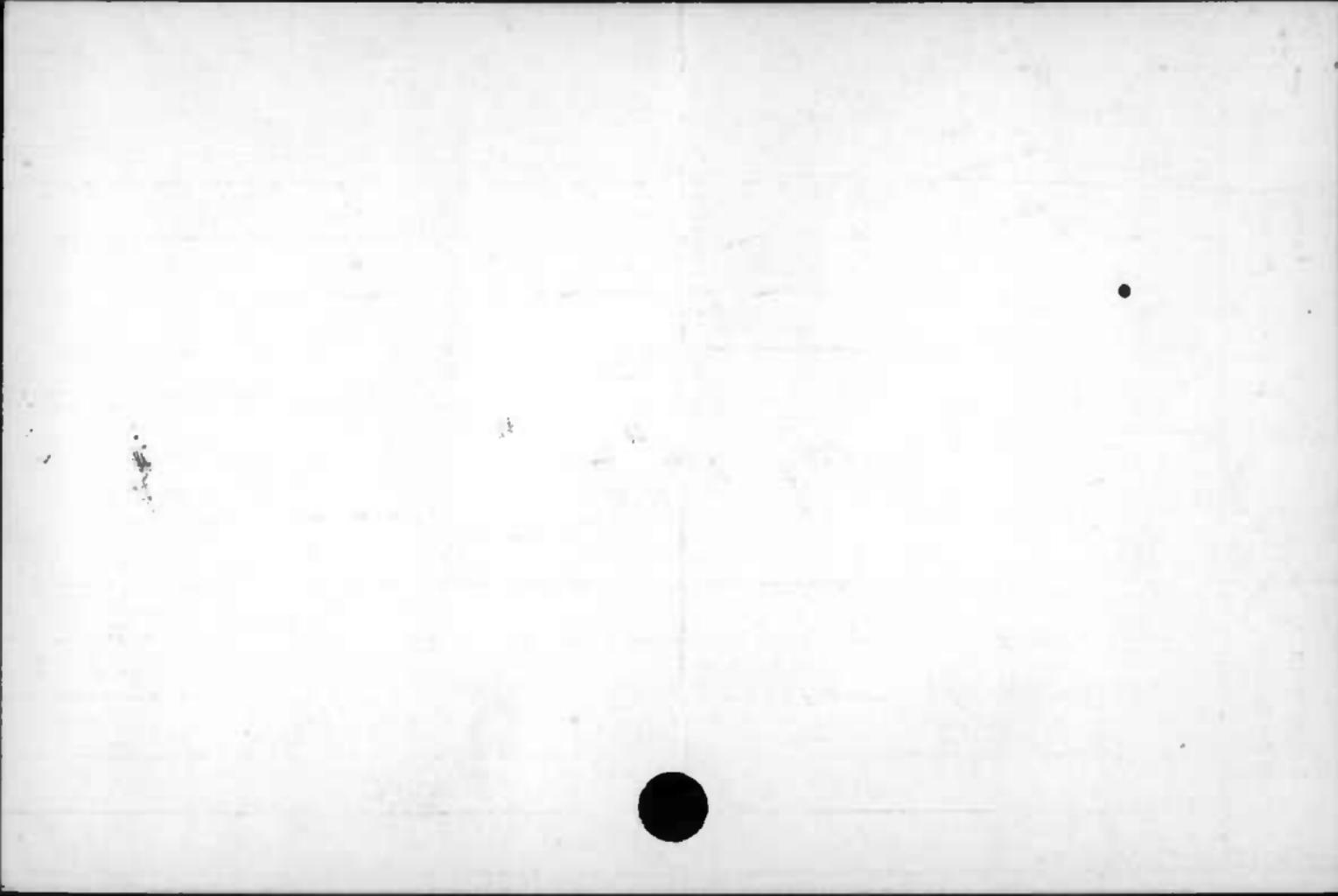
yes

Signature of Physician

Address

R. M. Black
Cecilton,
Ind

Accident or Suicide?



Name
in
Full

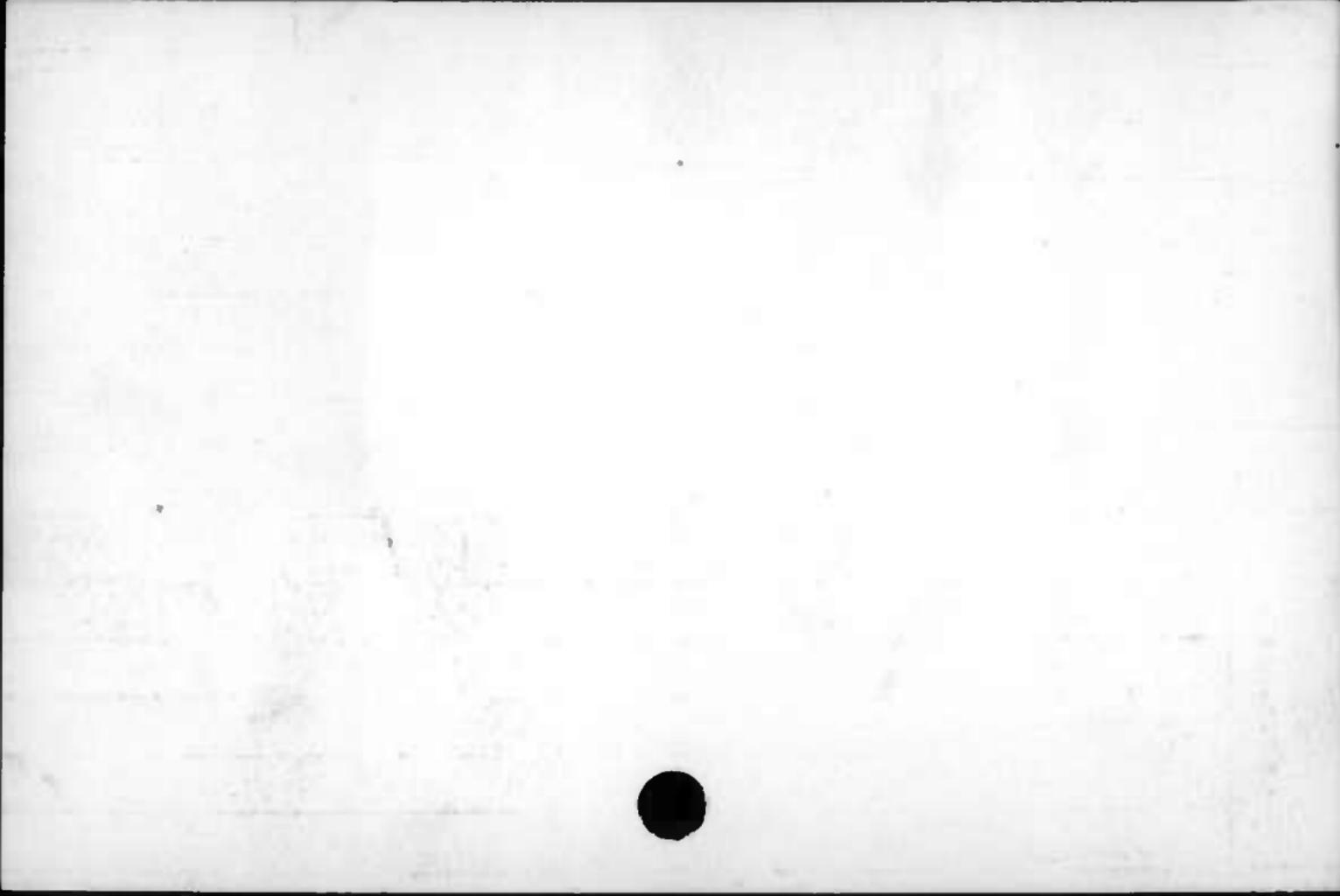
John F. Rineer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Near Port Deposit</u>			County <u>Baltimore</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>24</u>	Years <u>57</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Pa.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary A Rineer</u>				
Father's Name <u>Joseph Rineer</u>	Father's Birthplace <u>Pa.</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Mary Rineer</u>	How related to deceased <u>Wife</u>				
CAUSES OF DEATH					
Primary <u>Chronic nephritis</u>	120				
Immediate <u>Uraemia</u>	How long <u>Indefinite</u>				
Are the name, age, sex, color, date and place correctly given above?	How long <u>2 days</u>				
Signature of Physician	<u>W. G. Jack M.D.</u>				
Address	<u>Liberty Corn. Md.</u>				
Accident or Suicide?	<u>No</u>				



Name
In
Full

Wm Penn Shadé

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Rising Sun.</u>		Town <u>Clarendon</u>		County <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>25</u>	Age <u>79</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore</u>			
Occupation <u>laborer</u>	Where Residing if not at place of death <u>Rising Sun</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary A. Shadé</u>				
Father's Name <u>George Shadé</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Hannah Keys -</u>	Mother's Birthplace "				
Name of person giving Information <u>Mary A. Shadé,</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

81

Primary Asterio Salsomia
Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

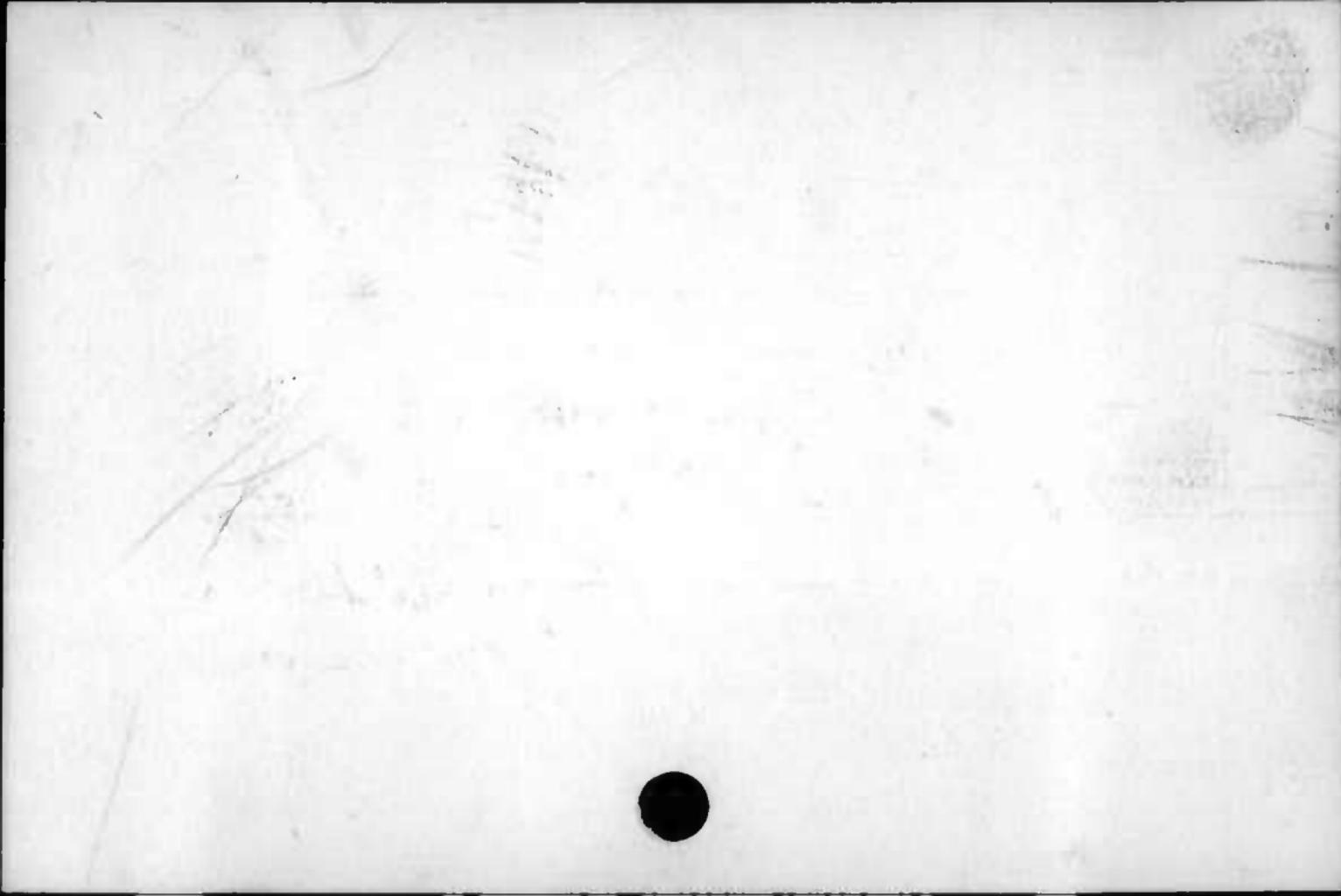
How long

some days

immediate

John H. Jennings
Rising Sun
Md.

Accident or Suicide?



Name
in
Full

Elizabeth Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month May	Day 7	Years 75	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	House work		Where Residing if not at place of death			
Married, Single or Widowed	widowed	Name of Wife or Husband	Elizabeth Short			
Father's Name	Benj Wilber		Father's Birthplace	Md		
Mother's Maiden Name	Unknown		Mother's Birthplace	Md		
Name of person giving information	How related to deceased					

CAUSES OF DEATH

64

How long

How long

Primary

aboplexy

Immediate

Saladotic

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

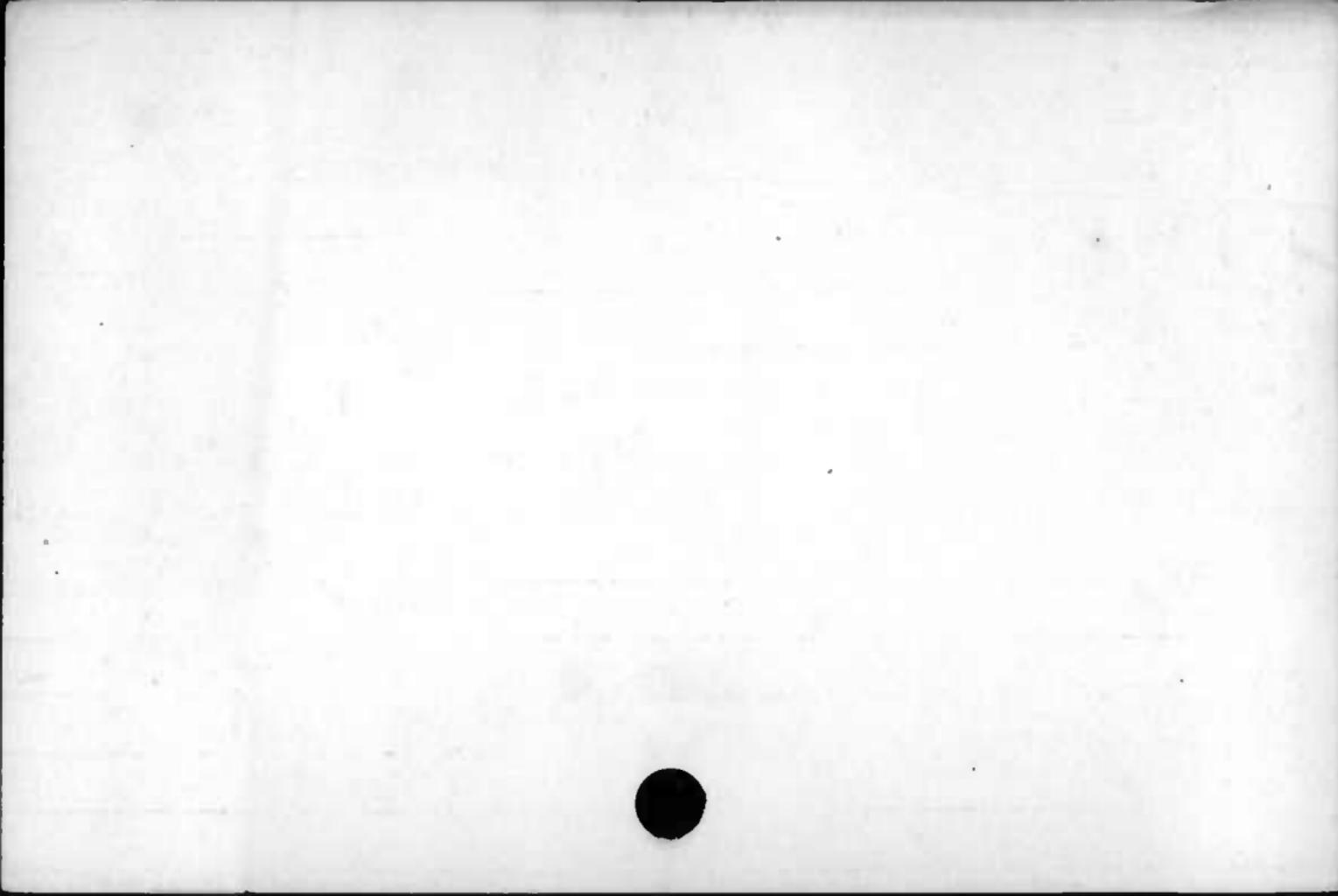
Address

Dr. D. Cawley

Elkton

Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Smith

Died at

own
Leslie

County

Cecil

CERTIFICATE OF DEATH

MARYLAND

Date of death 1908 Month 5 Day 9 Age 17 Years Months Days

Sex

male

Color or Race

white

Birth-place

Unknown

Occupation

Transp

Where Residing if not
at place of death

Married, Single
or Widowed

Unknown

Name of Wife or

Father's Name

Unknown

Father's Birthplace

Mother's Maiden Name

Unknown

Mother's Birthplace

Name of person giving
Information

Unknown

How related
to deceased

CAUSES OF DEATH

Primary

Struck by Cars

166

How long

Immediate

yes

How long

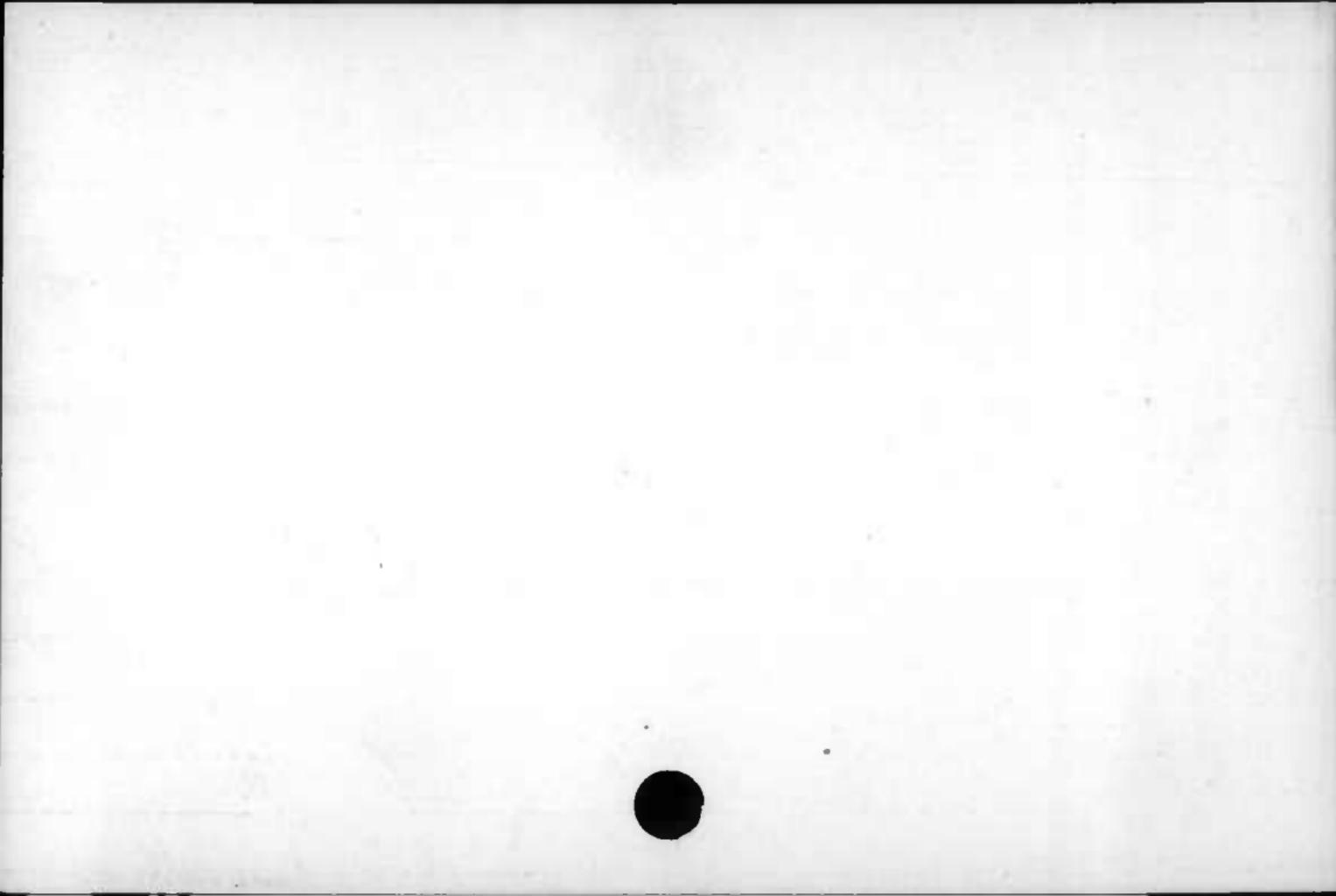
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Trans. Frazer, Esq.
Accident

Accident or Suicide?



Name
in
Full

Alise Elizabeth Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Elkton	Town	County	MARYLAND		
Date of death	1908	Month 5	Day 7	Age	Years —	Months — Days 28
Sex	female	Color or Race	white	Birth-place	Elkton Md.	
Occupation	—	Where Residing if not at place of death —				
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Maryland	
Father's Name	Warren Taylor	Mother's Birthplace	—	Mother's Birthplace	Peru	
Mother's Maiden Name	Mabel Ashen	How related to deceased	Daughter	How long	1 wk	
Name of person giving information	Mabel Ashen	How long	—	Address	Elkton Md.	

CAUSES OF DEATH

8

Primary	Whooping Cough	How long	1 wk
Immediate	Cardsell Pneumonia	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Hector Mitchell MD
		Address	Elkton Md.
Answered by Suicide?			

